

**MARRIAGE AND FAMILY THERAPIST INTERN  
REGISTRATION APPLICATION PACKET**

1800 37A-580 (REV. 1/07)

Dear Applicant:

Thank you for your interest in becoming a Marriage and Family Therapist Intern. Included in this packet are:

1. Instructions for Completing the Application
2. Important Live Scan Information and Instruction
3. Request for Live Scan Service Form
4. Application for Registration as a Marriage and Family Therapist Intern
5. Program Certification form

BOARD OF BEHAVIORAL SCIENCES

## INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR REGISTRATION AS A MARRIAGE AND FAMILY THERAPIST INTERN

Submit a completed application to:

Board of Behavioral Sciences  
1625 North Market Blvd., Suite S200  
Sacramento, CA 95834

Please review this checklist to ensure that all required original documents are furnished to the Board. (Please retain a copy of all documents submitted to the Board.) **All items are mandatory.** Failure to provide any of the requested information may result in the application being rejected as incomplete.

- ☐ APPLICATION: Complete all sections. The application **must** be signed.
- ☐ PHOTOGRAPH: Should measure approximately 2" X 2" and be taken within 60 days of the filing of this application. The photograph must be of passport quality of your head and shoulders only. The photograph is to be firmly affixed to the application, in the space provided.
- ☐ FEE: Submit a \$75.00 check or money order made payable to the Behavioral Sciences Fund. The fee is **NOT REFUNDABLE**.
- ☐ FINGERPRINTS: See enclosed "**IMPORTANT FINGERPRINT INFORMATION**". The Board requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all applicants. *Note: DO NOT COMPLETE FINGERPRINTS MORE THAN 60 DAYS PRIOR TO SUBMITTING YOUR APPLICATION. FINGERPRINT RESULTS WITHOUT AN APPLICATION ON FILE WILL BE HELD FOR 6 MONTHS.*
- ☐ VERIFICATION OF EDUCATION:
  - a. Official transcript(s) verifying your master's or doctor's degree with degree title and date of conferral posted. **MUST BE IN A SEALED ENVELOPE.**
  - b. Program Certification form completed and signed by the Chief Academic Officer or authorized designee. **MUST BE IN A SEALED ENVELOPE.**
- ☐ VERIFICATION OF EDUCATION RECEIVED OUT-OF-COUNTRY: If you have an out-of-country degree, you **must** have your education evaluated to determine equivalency of a master's or doctor's degree in one of the named degrees in Section 4980.40(a) of the Business and Professions Code (B&P) in California prior to applying for registration. The evaluation service must be a member of the National Association of Credential Evaluation Services. The Board requires a detailed report from the evaluation service. Please submit this evaluation, **IN A SEALED ENVELOPE**, with your application for registration.
- ☐ DOCUMENTS OR LETTERS EXPLAINING PRIOR CONVICTION(S) OR DISCIPLINARY ACTION(S) AND ATTESTING TO YOUR REHABILITATION, IF APPLICABLE. Please refer to the REPORTING PRIOR CONVICTION(S) or REPORTING DISCIPLINE AGAINST LICENSE(S) sections of these instructions.

### I. INFORMATION

#### 1. GENERAL:

- a. All applicants are advised that any or all information furnished herein is subject to investigation; further, that this application and all papers and documents pertinent thereto are the property of the State of California and will not be returned; further, that **ANY FALSE, DISHONEST OR MISLEADING STATEMENTS IN THIS APPLICATION OR THE ATTACHMENTS ARE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OR SUSPENSION OF THE REGISTRATION OR LICENSE FOR WHICH APPLICATION IS BEING MADE.**
- b. Please be advised that post-degree hours of experience will only begin accruing from the issuance date of your intern registration unless you applied for registration within 90 days of the granting of the qualifying master's or doctor's degree (this is the date your degree was conferred as posted on your transcript).

2. ADDRESS and CHANGE OF ADDRESS:

The address you enter on any Board form is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address. Title 16, California Code of Regulations Section 1804, states that all persons regulated by the Board shall maintain a current mailing address with the Board and shall notify the Board within 30 days concerning any change of address giving both the old and new addresses. **CHANGES OF ADDRESS MUST BE RECEIVED IN WRITING.**

3. LAWS AND REGULATIONS:

To obtain a copy of the *Laws and Regulations*, **please submit a written request to the Board** (type or print clearly your name and address), **or you may download the information from our Web site.**

4. DUPLICATION OF BOARD FORMS:

Applicants are granted permission to reproduce any form provided by the Board. **However, only those forms having original signatures will be accepted as part of any application.**

**PLEASE ALLOW 60 DAYS FOR YOUR APPLICATION TO BE EVALUATED.** If the application is incomplete, you will be advised as to the additional required information or educational requirements, which must be provided within one (1) year of notification. After one (1) year, the original application will be deemed abandoned and a new application and related documents with appropriate fee must be submitted. If acknowledgment of receipt is desired, you must send a self-addressed, stamped postcard that will be date-stamped and returned. ***Acknowledgment of receipt does not constitute approval.***

5. REQUEST FOR ACCOMMODATION:

All examination sites are physically accessible to individuals with disabilities. Pursuant to Title II of the Americans with Disabilities Act (ADA) and California law, the Board will provide reasonable accommodations to qualified candidates with mental disabilities, physical disabilities, or medical conditions. However, the Board will not provide accommodations that fundamentally alter the measurement of the skills or knowledge the examination is intended to test.

Accommodations will not be provided at the examination site unless prior approval by the board has been granted. **A candidate who seeks an accommodation has the responsibility to make the request and provide documentation substantiating the need for accommodation at the time of submission of the application for the examination.** The information supplied to substantiate a candidate's request for an accommodation will be kept confidential to the extent provided by law. Any request for accommodation (except for accommodations requiring a physically accessible examination site) must be submitted to the Board on the forms prescribed by the Board. If you wish to submit a request for accommodation, please contact the Board and request a Request for Accommodation package.

The Board does not discriminate on the basis of disability in employment or in the admission and access to its programs or activities. The Executive Officer of the Board has been designated to coordinate and carry out this agency's compliance with the nondiscrimination requirements of Title II of the ADA. Information concerning the provisions of the ADA, and the rights provided hereunder, are available from the ADA coordinator.

## II. REPORTING PRIOR CONVICTION(S):

California Code of Regulations, Title 16, Section 1813 states: "When considering the denial of a license or registration under Section 480 of the Code, the board, in evaluating the rehabilitation of the applicant and his or her present eligibility for a license or registration shall consider the following criteria:

- (a) The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.
- (b) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under Section 480 of the Code.
- (c) The time that has elapsed since commission of the act(s) or crime(s) referred to in Section 480 of the Code.
- (d) The extent to which the applicant has complied with any terms of probation, parole, restitution, or any other sanctions lawfully imposed against the applicant.
- (e) Evidence, if any, of rehabilitation submitted by the applicant."

Submit the following information with your application if you report that you have been convicted of a misdemeanor or felony (including any convictions dismissed under Section 1203.4 of the Penal Code):

- ☐ 1. A certified copy of the conviction and disposition of your case from the Court Clerk of the court in which convicted and any police reports.
- ☐ 2. A letter from you describing the underlying circumstances of the conviction. If convicted under a different name, please give that name.
- ☐ 3. A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
  - a. Proof of completion of probation if it was required.
  - b. Letters of reference from employers, instructors, professional counselors, probation or parole officers on official letterhead.
- ☐ 4. You must disclose **all** convictions even if they have been previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file, you may simply provide a written statement indicating that you believe the information is already on file.

### III. REPORTING DISCIPLINE AGAINST LICENSE(S):

Submit the following information with your application if you report any disciplinary action you received against a professional license:

- ☐ 1. A certified copy of the determination made by the licensing entity. This document should include date and location of the incident, specific violation, date of disciplinary action, and sanctions or penalties imposed and completion dates.
- ☐ 2. A letter from you describing the underlying circumstances of the incident. If disciplinary action occurred under a different name, please give that name.
- ☐ 3. A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
  - a. Proof of completion of probation if it was required.
  - b. Letters of reference from employers, instructors, professional counselors, probation or parole officers on official letterhead.
- ☐ 4. You must disclose **all** disciplines against licenses even if they have been previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file, you may simply provide a written statement indicating that you believe the information is already on file.

### IV. NOTICE OF COLLECTION OF PERSONAL INFORMATION:

The Board of Behavioral Sciences of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 4980.43, 4980.44, 4980.90 and Article 2 of Chapter 13 (commencing with section 4982), and Title 16 of California Code of Regulations Sections 1805 and 1806. The Board uses this information principally to identify and evaluate licenses and enforce licensing standards set by law and regulation.

**Mandatory Submission.** Submission of the requested information is mandatory. The Board cannot consider your application for licensure or renewal unless you provide all of the requested information.

**Access to Personal Information.** You may review the records maintained by the Board of Behavioral Sciences that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or

- In response to a court or administrative order, a subpoena, or a search warrant.

**Contact Information.** For questions about this notice or access to your records, you may contact the Board of Behavioral Sciences at 1625 North Market Blvd., Suite S200, Sacramento, CA 95834, (916) 574-7830 or email [BBSWebMaster@bbs.ca.gov](mailto:BBSWebMaster@bbs.ca.gov). For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Office of Privacy Protection in the Department of Consumer Affairs, 1625 North Market Blvd., Sacramento, CA 95834, (866) 785-9663 or email [privacy@dca.ca.gov](mailto:privacy@dca.ca.gov).



**BOARD OF BEHAVIORAL SCIENCES**  
1625 North Market Blvd., Suite S200, Sacramento, CA 95834  
Telephone (916) 574-7830  
TDD (916) 322-1700  
Website Address: <http://www.bbs.ca.gov>



## **IMPORTANT FINGERPRINT INFORMATION** **PLEASE READ CAREFULLY**

The Board of Behavioral Sciences requires a Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) criminal history background check on all applicants for licensure or registration.

There are currently two methods available for submitting fingerprints, applicant live scan, or the ten-print (hard card) applicant fingerprint card. Applicants should review the following information carefully to determine the appropriate method.

### **1. Applicant Live Scan**

Applicant Live Scan is a system for the electronic submission of fingerprints. DOJ is able to process up to 95% of live scan applicant fingerprint submissions in 72 hours or less. In those instances where a complete record is not available or manual processing is required, additional time is needed for a response.

If you currently reside in the State of California you must use Live Scan to submit your fingerprints. Please use the enclosed ***Request For Live Scan Service Applicant Submission form. (Form BCII 8016)***. Carefully follow the enclosed instructions for obtaining live scan fingerprints.

*DO NOT COMPLETE LIVE SCAN MORE THAN 60 DAYS PRIOR TO SUBMITTING YOUR APPLICATION. FINGERPRINT RESULTS WITHOUT AN APPLICATION ON FILE WILL BE HELD FOR 6 MONTHS. AFTER 6 MONTHS THEY WILL BE DESTROYED AND YOU WILL BE REQUIRED TO RE-DO THE LIVE SCAN PROCESS.*

### **2. Ten-Print “Hard Card” Applicant Fingerprint Card**

The Applicant Live Scan process is currently only available within the State of California. If you reside outside of the State of California, you must use the “hard card” fingerprint method. Contact the Board office as soon as possible and request that the “hard card” fingerprint cards be mailed to you. **Please be advised that the DOJ processing time for hard card fingerprints is a minimum of 8 to 12 weeks, or longer.**

BOARD OF BEHAVIORAL SCIENCES



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1625 North Market Blvd., Suite S200 Sacramento, CA 95834  
Telephone (916) 574-7830  
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## **INSTRUCTIONS FOR LIVE SCAN FINGERPRINTING**

### **I. FINGERPRINT REQUIREMENTS**

**All applicants** are required to submit two sets of fingerprints. All requests from this Board for background checks of applicants must be submitted to the **Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI)** either by Live Scan or on a completed ten-print (hard card) applicant fingerprint card. Previously processed fingerprint cards, or photocopies of fingerprint impressions are not acceptable. The Board recommends completing Live Scan no more than thirty days prior to submitting your application. Live Scan results without corresponding applications on file are destroyed after six months. If Live Scan results have been destroyed, you will be required to re-print.

#### **Fingerprint Fees**

DOJ FINGERPRINT PROCESSING FEE \$32.00  
FBI FINGERPRINT PROCESSING FEE \$24.00

The Live Scan agency will collect the fingerprint processing fees directly from the applicant at the time you obtain your live scan fingerprints. Please be aware that these processing fees are in addition to the service fee charged by the Live Scan operator.

### **II. COMPLETE THE REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM**

Applicants must complete and submit the enclosed Request for Live Scan Service Applicant Submission form (BCII 8016) at the Live Scan site. Once your fingerprints have been scanned, the Live Scan operator will complete Box 6 of this form and return the second and third copies to you. **THE SECOND COPY OF THIS FORM, WITH BOX 6 COMPLETED BY THE LIVE SCAN OPERATOR, MUST BE SUBMITTED TO THE BOARD WITH YOUR APPLICATION IN ORDER FOR THE BOARD TO RETRIEVE YOUR CRIMINAL HISTORY REPORT FROM DOJ. Retain the third copy for your records.**

Live Scan fingerprints can be obtained at most local Police and Sheriff stations, local offices of the Department of Justice, and some large school districts. A current listing of Live Scan sites is available at the DOJ website at <http://ag.ca.gov/fingerprints/publications/contact.php>, select "Contact Information". **APPLICANTS SHOULD CALL THE LIVE SCAN SITE FOR HOURS OF OPERATION AND FEES, AND TO DETERMINE IF AN APPOINTMENT IS NECESSARY.** You must present a valid photo identification (i.e., driver's license or ID, military ID, or passport) at the live scan site.

COMPLETE THE ENCLOSED "REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM". Once your fingerprints have been scanned, the Live Scan operator will complete Box 6 of this form and return the second and third copies to you.

- **Your name must be identical to that submitted on your application.**
- All applicants must complete all items, which are marked by a black "X".
- To facilitate prompt and accurate processing, please **TYPE or print legibly** all requested information.

**Box 1:** Job Title or Type of License, Certification or Permit- Place an "X" in the box next to the registration/license type for which you are applying. For Intern Registration and Marriage and Family Therapy Licensure place an "X" in the box next to License Marriage and Family Therapist. For Associate Registration and Clinical Social Worker Licensure place an "X" in the box next to Licensed Clinical Social Worker.

**Box 2:** No action required.

**Box 3:**

Name of Applicant- Enter your full name, identical to that submitted on your application

AKA's- Indicate all other names used

DOB- Indicate your month/day/year of birth

Sex- Place "X" in the appropriate box

HT- Indicate your height in feet and inches using a three-digit code (first digit=feet, second and third digits=inches)

**EXAMPLE: 5 feet 9 inches = 509**

WT- Indicate your weight in pounds

Eye Color- Indicate eye color abbreviation:

**BLK** - Black

**GRY** - Gray

**MAR** - Maroon

**BLU** - Blue

**GRN** - Green

**PNK** - Pink

**BRO** - Brown

**HAZ** - Hazel

**MUL** - Multicolor

Hair Color- Indicate hair color abbreviation:

**BAL** - Bald

**BRO** - Brown

**SDY** - Sandy

**BLK** - Black

**GRY** - Gray

**WHI** - White

**BLN** - Blonde

**RED** - Red

POB- Indicate the state or country of birth

SOC- Enter your social security number

CDL- Enter your California Driver's license number

**Box 4:**

If resubmission, list Original ATI No. provided on the reject notification to avoid paying an additional processing fee.

**Box 5:** No action required

**Box 6:** To be completed by the Live Scan operator

**REMEMBER, THE SECOND COPY OF THE FORM MUST BE SUBMITTED TO THE BOARD WITH YOUR APPLICATION IN ORDER FOR THE BOARD TO RETRIEVE YOUR CRIMINAL HISTORY REPORT FROM DOJ.**



**REQUEST FOR LIVE SCAN SERVICE FORM**  
**Applicant Submission**

ORI: AO462 Type of Application (check one) ☐ Employment ☒ License, Certification, Permit ☐ Volunteer

Job Title or Type of Licensure, Certification or Permit:

License Type Marriage and Family Therapist Licensed Clinical Social Worker Licensed Educational Psychologist

Agency Address Set Contributing Agency

**BOARD OF BEHAVIORAL SCIENCES**

**01484**

Mail Code

**1625 NORTH MARKET BLVD., SUITE S200**

**Rosanna Webb-Flores**

Contact Name

**SACRAMENTO, CA 95834**

**(916) 574-7830**

Name of Applicant: \_\_\_\_\_

AKA's: \_\_\_\_\_ CDL No. \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: Male Female Misc. No. **BIL: APPLICANT MUST PAY**

HGT: \_\_\_\_\_ WGT: \_\_\_\_\_ Misc. No. \_\_\_\_\_

EYE Color: \_\_\_\_\_ HAIR Color: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Street of PO Box

POB: \_\_\_\_\_  
City, State and Zip Code

SOC: \_\_\_\_\_

Your Number **Leave Blank**  
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. \_\_\_\_\_ Level of Service ☒ DOJ ☒ FBI

Employer: (Additional response for agencies specified by statute)

**LEAVE THIS SECTION BLANK**

Employer Name

Street No.

Mail Code (assigned by DOJ)

City State Zip

Agency Telephone No.

Live Scan Transmission Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

BCII 8016 **ORIGINAL** Live Scan Operator SECOND COPY- Requesting Agency THIRD COPY – Applicant

**REQUEST FOR LIVE SCAN SERVICE FORM**  
**Applicant Submission**

ORI: **AO462** Type of Application (check one) ☐ Employment ☒ License, Certification, Permit ☐ Volunteer

Job Title or Type of Licensure, Certification or Permit:

License Type Marriage and Family Therapist Licensed Clinical Social Worker Licensed Educational Psychologist

Agency Address Set Contributing Agency

**BOARD OF BEHAVIORAL SCIENCES**

**01484**

Mail Code

**1625 NORTH MARKET BLVD., SUITE S200**

**Rosanna Webb-Flores**

Contact Name

**SACRAMENTO, CA 95834**

**(916) 574-7830**

Name of Applicant: \_\_\_\_\_

AKA's: \_\_\_\_\_ CDL No. \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: ☐ Male ☐ Female Misc. No. **BIL: APPLICANT MUST PAY**

HGT: \_\_\_\_\_ WGT: \_\_\_\_\_ Misc. No. \_\_\_\_\_

EYE Color: \_\_\_\_\_ HAIR Color: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Street of PO Box

POB: \_\_\_\_\_  
City, State and Zip Code

SOC: \_\_\_\_\_

Your Number **Leave Blank**  
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. \_\_\_\_\_ Level of Service ☒ DOJ ☒ FBI

Employer: (Additional response for agencies specified by statute)

**LEAVE THIS SECTION BLANK**

Employer Name \_\_\_\_\_

Street No. \_\_\_\_\_

Mail Code (assigned by DOJ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Agency Telephone No. \_\_\_\_\_

Live Scan Transmission Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

BCII 8016 ORIGINAL- Live Scan Operator **SECOND COPY**- Requesting Agency THIRD COPY – Applicant

**REQUEST FOR LIVE SCAN SERVICE FORM**  
**Applicant Submission**

ORI: **AO462** Type of Application (check one) ☐ Employment ☒ License, Certification, Permit ☐ Volunteer

Job Title or Type of Licensure, Certification or Permit:

License Type Marriage and Family Therapist Licensed Clinical Social Worker Licensed Educational Psychologist

Agency Address Set Contributing Agency

**BOARD OF BEHAVIORAL SCIENCES**

**01484**

Mail Code

**1625 NORTH MARKET BLVD., SUITE S200**

**Rosanna Webb-Flores**

Contact Name

**SACRAMENTO, CA 95834**

**(916) 574-7830**

Name of Applicant: \_\_\_\_\_

AKA's: \_\_\_\_\_ CDL No. \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: ☐ Male ☐ Female Misc. No. **BIL: APPLICANT MUST PAY**

HGT: \_\_\_\_\_ WGT: \_\_\_\_\_ Misc. No. \_\_\_\_\_

EYE Color: \_\_\_\_\_ HAIR Color: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Street of PO Box

POB: \_\_\_\_\_  
City, State and Zip Code

SOC: \_\_\_\_\_

Your Number **Leave Blank**  
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. \_\_\_\_\_ Level of Service ☒ DOJ ☒ FBI

Employer: (Additional response for agencies specified by statute)

**LEAVE THIS SECTION BLANK**

Employer Name

Street No.

Mail Code (assigned by DOJ)

City State Zip

Agency Telephone No.

Live Scan Transmission Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

BCII 8016 ORIGINAL- Live Scan Operator SECOND COPY- Requesting Agency **THIRD COPY** – Applicant

**APPLICATION FOR REGISTRATION AS A  
MARRIAGE AND FAMILY THERAPIST INTERN**

1800 37A-590 (REV. 1/07)

1625 NORTH MARKET BLVD., SUITE S200, SACRAMENTO, CA 95834

TELEPHONE:(916) 574-7830 TDD:(916) 322-1700

WEB SITE ADDRESS: <http://www.bbs.ca.gov>**\$75.00 FEE MUST ACCOMPANY THIS FORM***Make check payable to - Behavioral Sciences Fund*

For Office Use Only:

Cashiering No. \_\_\_\_\_

(Please type or print clearly in ink)

1. * LEGAL NAME: Last		First	Middle	<b>ATTACH A PHOTOGRAPH TAKEN WITHIN 60 DAYS OF THE FILING OF THIS APPLICATION</b>  (Head and Shoulders Only)
Maiden name and any other AKA				
2. ** ADDRESS OF RECORD: Number and Street				
City	State	Zip Code		
3. BUSINESS TELEPHONE:	4. RESIDENCE TELEPHONE:			
5. E-MAIL ADDRESS:				
6. BIRTH DATE: mo/day/yr	7.*** SOCIAL SECURITY NUMBER:	8. SEX:		
9. EDUCATION: (Qualifying Degree)		10. NAME OF SCHOOL, COLLEGE OR UNIVERSITY:		

11. HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY TO, OR PLED NOLO CONTENDERE TO ANY MISDEMEANOR OR FELONY?  
*(Convictions dismissed under Section 1203.4 of the Penal Code must be disclosed. You need not include offenses prior to your 18<sup>th</sup> birthday or any traffic violations for which a fine of \$500.00 or less was imposed.)*.....YES NO

*If YES, attach your explanation and related documents as described in the REPORTING PRIOR CONVICTION(S) section of the instructions. You must disclose all convictions even if previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file, you may simply provide a written statement indicating that you believe the information is already on file.*

12. HAVE YOU EVER BEEN DENIED A PROFESSIONAL LICENSE, HAD A PROFESSIONAL LICENSE PRIVILEGE SUSPENDED, REVOKED, OR OTHERWISE DISCIPLINED, OR HAVE YOU EVER VOLUNTARILY SURRENDERED ANY SUCH LICENSE IN CALIFORNIA OR ANY OTHER STATE OR TERRITORY OF THE UNITED STATES, OR BY ANY OTHER GOVERNMENTAL AGENCY?.....YES NO

*If YES, attach your explanation and related documents as described in the REPORTING DISCIPLINE AGAINST LICENSE(S) section of the instructions.*

***I declare under penalty of perjury under the laws of the State of California that all the information submitted on this form and on any accompanying attachments is true and correct.***

Date

Signature of Applicant

*\*Business and Professions Code section 4982(b) gives the board the right to refuse to issue any registration or license, or may suspend or revoke the license or registration of any registrant or licensee if the applicant secures the license or registration by fraud, deceit, or misrepresentation on any application for licensure or registration submitted to the board.*

*\*\* The address you enter on this application is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address.*

*\*\*\* Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for registration will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.*

Business and Professions Code Section 4980.38(b) requires each applicant to submit to the Board a certification by the chief academic officer, or his or her designee, of the applicant's educational institution that the applicant has fulfilled the requirements enumerated in Sections 4980.37 and 4980.40, and subdivisions (d) and (e) of Section 4980.41.

CHIEF ACADEMIC OFFICER or authorized designee: *Please see the reverse side of this form for the full text of Business and Professions Code Sections 4980.37, 4980.40(a) through (d), and 4980.41 prior to completing and signing this form. Provide the applicant with the original of this completed form **IN A SEALED ENVELOPE**. Instruct the applicant to enclose the sealed envelope with his or her application for registration.*

Applicant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

**Yes No**

\* The student was notified by means of public documents or otherwise in writing that the degree program is designed to meet the requirements of Business and Professions Code Section 4980.37 and 4980.40.

The degree program is a **single integrated program primarily designed to train marriage and family therapists** and contains no less than 48 semester or 72 quarter units of instruction.

If NO, number of semester/quarter units in degree \_\_\_\_\_

The degree program includes no less than 12 semester or 18 quarter units of coursework in the areas of marriage, family, and child counseling and marital and family systems approaches to treatment as specified in Business and Professions Code Section 4980.40(a). This coursework shall include all of the following areas: (1) The salient theories of a variety of psychotherapeutic orientations directly **related to marriage and family therapy, and marital and family systems approaches to treatment.** (2) **Theories** of marriage and family therapy and how they can be utilized in order to intervene therapeutically with **couples, families, adults, children, and groups.** (3) Developmental issues and life events from infancy to old age and their effect upon individuals, couples and family relationships. (4) A variety of approaches to the treatment of **children.**

Please specify course numbers: \_\_\_\_\_.

The degree program contains no less than six semester or nine-quarter units of supervised practicum as defined in Business and Professions Code Section 4980.40(b).

The practicum included a minimum of 150 hours of face-to-face experience counseling individuals, couples, families or groups.

If NO, please specify number of hours completed: \_\_\_\_\_.

The applicant has completed coursework in diagnosis, assessment, prognosis, and treatment of mental disorders (Psychopathology) as specified in Business and Professions Code Section 4980.37(a)(1).

Please specify course number: \_\_\_\_\_.

The degree program prepares students to be familiar with cross- cultural mores and values, including a wide range of racial and ethnic backgrounds as specified in Business and Professions Code Section 4980.37(a)(7).

Please specify course number: \_\_\_\_\_.

\* The applicant has completed specific instruction in alcoholism and other chemical substance dependency as required by Business and Professions Code Section 4980.41(d). If the degree program commenced on or after January 1, 1986, this instruction must be included in the degree program. (Title 16, California Code of Regulations Section 1810.)

Please specify course number: \_\_\_\_\_.

\* The applicant has completed coursework in spousal or partner abuse assessment detection, and intervention as specified in Business and Professions Code Section 4980.41(e) and 4980.90(b)(5). If the degree program commenced on or after January 1, 2004, this instruction shall include a minimum of 15 hours of coursework.

Please specify course number: \_\_\_\_\_.

**I CERTIFY that the foregoing is true and correct.**

\_\_\_\_\_  
Chief Academic Officer or Authorized Designee

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Institution Accredited or Approved by

**\* For out-of-state education these courses are required for licensure not intern registration.**

#### **SECTION 4980.37. DEGREE PROGRAM: COURSE OF STUDY AND PROFESSIONAL TRAINING**

(a) In order to provide an integrated course of study and appropriate professional training, while allowing for innovation and individuality in the education of marriage and family therapists, a degree program which meets the educational qualifications for licensure shall include all of the following:

(1) Provide an integrated course of study that trains students generally in the diagnosis, assessment, prognosis, and treatment of mental disorders.

(2) Prepare students to be familiar with the broad range of matters that may arise within marriage and family relationships.

(3) Train students specifically in the application of marriage and family relationship counseling principles and methods.

(4) Encourage students to develop those personal qualities that are intimately related to the counseling situation such as integrity, sensitivity, flexibility, insight, compassion, and personal presence.

(5) Teach students a variety of effective psychotherapeutic techniques and modalities that may be utilized to improve, restore, or maintain healthy individual, couple, and family relationships.

(6) Permit an emphasis or specialization that may address any one or more of the unique and complex array of human problems, symptoms, and needs of Californians served by marriage and family therapists.

(7) Prepare students to be familiar with cross-cultural mores and values, including a familiarity with the wide range of racial and ethnic backgrounds common among California's population, including, but not limited to, Blacks, Hispanics, Asians, and Native Americans.

(b) Educational institutions are encouraged to design the practica required by subdivision (b) of Section 4980.40 to include marriage and family therapy experience in low-income and multicultural mental health settings.

#### **EXCERPT FROM SECTION 4980.40 QUALIFICATIONS**

*To qualify for a license, an applicant shall have all the following qualifications:*

(a) Applicants applying for licensure on or after January 1, 1988, shall possess a doctor's or master's degree in marriage, family, and child counseling, marital and family therapy, psychology, clinical psychology, counseling psychology, or counseling with an emphasis in either marriage, family, and child counseling or marriage and family therapy, obtained from a school, college, or university accredited by the Western Association of Schools and Colleges, or approved by the Bureau for Private Postsecondary and Vocational Education. The board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements regardless of accreditation or approval. For purposes of this chapter, the term "approved by the Bureau for Private Postsecondary and Vocational Education" shall mean unconditional approval existing at the time of the applicant's graduation from the school, college, or university. In order to qualify for licensure pursuant to this subdivision, **any doctor's or master's degree program shall be a single, integrated program primarily designed to train marriage and family therapists** and shall contain no less than 48 semester or 72 quarter units of instruction. The instruction shall include no less than 12 semester units or 18 quarter units of coursework in the areas of marriage, family, and child counseling, and marital and family systems approaches to treatment.

The coursework shall include all of the following areas:

(1) The salient theories of a variety of psychotherapeutic orientations directly related to marriage and family therapy, and marital and family systems approaches to treatment.

(2) Theories of marriage and family therapy and how they can be utilized in order to intervene therapeutically with couples, families, adults, children, and groups.

(3) Developmental issues and life events from infancy to old age and their effect upon individuals, couples, and family relationships. This may include coursework that focuses on specific family life events and the psychological, psychotherapeutic, and health implications that arise within couples and families, including, but not limited to, childbirth, child rearing, childhood, adolescence, adulthood, marriage, divorce, blended families, stepparenting, and geropsychology.

(4) A variety of approaches to the treatment of children.

The board shall, by regulation, set forth the subjects of instruction required in this subdivision.

(b) (1) In addition to the 12 semester or 18 quarter units of coursework specified above, the doctor's or master's degree program shall contain not less than six semester or nine quarter units of supervised practicum in applied psychotherapeutic techniques, assessment, diagnosis, prognosis, and treatment of premarital, couple, family, and child relationships, including dysfunctions, healthy functioning, health promotion, and illness prevention, in a supervised clinical placement that provides supervised fieldwork experience within the scope of practice of a marriage and family therapist.

(2) For applicants who enrolled in a degree program on or after January 1, 1995, the practicum shall include a minimum of 150 hours of face-to-face experience counseling individuals, couples, families, or groups.

(3) (A) Supervised practicum hours, as specified in this subdivision, shall be evaluated, accepted, and credited as hours for trainee experience by the board.

(B) The practicum hours shall be considered as part of the 48 semester or 72 quarter unit requirement.

(c) As an alternative to meeting the qualifications specified in subdivision (a), the board shall accept as equivalent degrees, those master's or doctor's degrees granted by educational institutions whose degree program is approved by the Commission on Accreditation for Marriage and Family Therapy Education.

(d) All applicants shall, in addition, complete the coursework or training specified in Section 4980.41.

#### **SECTION 4980.41 ELIGIBILITY TO SIT FOR LICENSING EXAMINATIONS: COURSEWORK OR TRAINING**

All applicants for licensure shall complete the following coursework or training in order to be eligible to sit for the licensing examinations:

(a) A two semester or three quarter unit course in California law and professional ethics for marriage and family therapists, which shall include, but not be limited to, the following areas of study:

(1) Contemporary professional ethics and statutory, regulatory, and decisional laws that delineate the profession's scope of practice.

(2) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage and family therapy, including family law.

(3) The current legal patterns and trends in the mental health profession.

(4) The psychotherapist/patient privilege, confidentiality, the patient dangerous to self or others, and the treatment of minors with and without parental consent.

(5) A recognition and exploration of the relationship between a practitioner's sense of self and human values and his or her professional behavior and ethics.

This course may be considered as part of the 48 semester or 72 quarter unit requirements contained in Section 4980.40.

(b) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated thereunder.

(c) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it shall be considered as part of the 48 semester or 72 quarter unit requirement contained in Section 4980.40.

(d) For persons who began graduate study on or after January 1, 1986, a master's or doctor's degree qualifying for licensure shall include specific instruction in alcoholism and other chemical substance dependency as specified by regulation. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it shall be considered as part of the 48 semester or 72 quarter unit requirement contained in Section 4980.40.

(e) For persons who began graduate study during the period commencing on January 1, 1995, and ending on December 31, 2003, a master's or doctor's degree qualifying for licensure shall include coursework in spousal or partner abuse assessment, detection, and intervention. For persons who began graduate study on or after January 1, 2004, a master's or doctor's degree qualifying for licensure shall include a minimum of 15 contact hours of coursework in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics. Coursework required under this subdivision may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course. The requirement for coursework shall be satisfied by, and the board shall accept in satisfaction of the requirement, a certification from the chief academic officer of the educational institution from which the applicant graduated that the required coursework is included within the institution's required curriculum for graduation.

(f) For persons who began graduate study on or after January 1, 2001, an applicant shall complete a minimum of a two semester or three quarter unit survey course in psychological testing. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it may be considered as part of the 48 semester or 72 quarter unit requirement of Section 4980.40.

(g) For persons who began graduate study on or after January 1, 2001, an applicant shall complete a minimum of a two semester or three quarter unit survey course in psychopharmacology. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it may be considered as part of the 48 semester or 72 quarter unit requirement of Section 4980.40. (h) The requirements added by subdivisions (f) and (g) are intended to improve the educational qualifications for licensure in order to better prepare future licentiates for practice, and are not intended in any way to expand or restrict the scope of licensure for marriage and family therapists.